

Sibling Application

			Date	
First Name		Middle Name	Birthdate (r	no/day/yr)
	City		State	Zip
	Sex	Birthplace	Citizenship	
Parish		Language Spoken i	n Home	
se Carmelite Sch	ool?			
Church	City		State	
Church	City		State	
		City	State	
	Dates Attended	City	State	
	Dates Attended	City	State	
		If so, what g	rade?	
		If so, what g	rade?	
d physical or lea	arning disabilities? If ye	es, please describe. (If a	applicant has an IEP, ple	ase include
c medical condi	tion(s) that may affect	his/her academic perfo	ormance? If so, please	describe
	Parish Thurch Church Church ad physical or leader conditions Comedical conditions	City Sex Parish Ce Carmelite School? Church Church City Dates Attended Dates Attended Dates Attended de physical or learning disabilities? If years c medical condition(s) that may affect	Sex Birthplace Parish Language Spoken i Be Carmelite School? Church City Church City City Dates Attended City If so, what g If so, what g If so, what g If so, what g If so, what g	First Name Middle Name Birthdate (r City State Sex Birthplace Citizenship Parish Language Spoken in Home Re Carmelite School? Church City State Church City State Dates Attended City State Dates Attended City State If so, what grade? If so, what grade?

Student Questionnaire

Applicants are to answer these questions in the spaces below. Entering TK through 2^{nd} grade applicants may dictate their answers to be written by the parent, if necessary.

What hobbies, sports, and activities do you most enjoy?					
What is your favorite academic subject?					
Describe an important event or a person who has had a particular impact on your life.					
Student Essay Please handwrite your answer on the lines below (for grades entering 3-8) Why do you want to come to Saint Therese Carmelite School?					
♣ Become a Saint! ♣					